

APPENDIX A


This certifies that all Site Acceptance Testing (SAT) have been completed for the Rapiscan product described below. All inspections and tests have been satisfactorily completed, and the product is ready for use. Test records are on file and available for review on request.

Contract Number: HSTS04-07-D-DEP346		
Airport Code: <u>FLL</u>	Site Location: <u>Term 1 Ckpt B Lane 1</u>	
Delivery Order Number:	System Serial Number: <u>7038309</u>	
AT Model Type: <u>620DV</u>	AT Software version number: <u>2008.409.3001.43</u>	
System TSA Property Tag Number: <u>407566</u>	Terminal/Checkpoint/Lane Location: <u>Term 1 Ckpt B Lane 1</u>	
High-Speed TSA Property Tag Number :	Roller table TSA Property Tag Number :	
INSTALLATION AND VISUAL INSPECTION	ACCEPT	DECLINE
Verify the following physical components have been installed on the system against the current BOM and CI List:		
Chassis Assy, RAP 6XX-DV, WBS; P/N 2311376	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conveyor Frame, Entry/Exit, 27", 620DV; P/N 4031642	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vertical X-ray Generator Assy, 180Kv; P/N TA55130/180-H	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Curtain Strip, X22; P/N 4042022	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitor, LCD, 19" Flat Panel Display; P/N 1310865	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Switch, Footmat; P/N 131049	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Verify UL Certification is present on Machine Identification Label	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Test materials are assembled and ready.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Test Readiness Review has been submitted to TSA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RADIATION SAFETY	ACCEPT	DECLINE
The measured level of radiation at all four sides of the AT unit's radiation cabinet does not exceed 0.5 mR/hr (500 µR/hr). The source of the criterion is the FDA 21 CFR 1020.40, Cabinet x-ray systems.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SITE PARAMETER SETTINGS	ACCEPT	DECLINE
Verify system software version	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Software version: <u>2008.409.3001.43</u>		
Reset Bag Counter:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Bag counter not reset, record bag count here: <u>0</u>		
Verify and set Airport Code setting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Airport Code: <u>FLL</u>		
Verify and set Site Location setting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site Location: <u>Term 1 Ckpt B Lane 1</u>		
Verify and set system date and time settings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Verify and set generator settings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Verify and set main conveyor belt direction	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Verify and adjust system generator and detectors settings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(160 ± 1 Kv / 1 ± 0.5 mA expected) Generator Anode Current: <u>160 kV</u>		
FUNCTIONAL TEST AND VERIFICATION - Procedure I	ACCEPT	DECLINE
Verify logon to AT system is successful	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Verify screen displays scan mode upon login	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Verify screen displays Image review mode	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Verify screen displays Image Archive mode	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Verify that report can be downloaded to a flash key	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FUNCTIONAL TEST AND VERIFICATION - Procedure II	ACCEPT	DECLINE
Verify keys on keypad function correctly via control panel test.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Verify Search indicators and buzzer are functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Verify X-ray indicators are functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Verify footmat operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Verify that all E-stops are functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Verify that High Speed Conveyor stops when E-stop is pressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Verify that no X-rays are created when no baggage is in the tunnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Verify that when the system is turned on the key can not be removed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FUNCTIONAL TEST AND VERIFICATION - Procedure III	ACCEPT	DECLINE
Verify that High Speed conveyor and Extended hood are installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High Speed Conveyor TSA Property Tag No.:		
Verify that entrance roller table/s are installed and attached to the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Entrance Roller table(s) TSA Property Tag No.:		
Verify that the exit roller table/s are installed and attached to the system or High Speed Conveyor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exit Roller table(s) TSA Property Tag No.:		
Verify that HSC moves in forward direction (Towards the exit)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SYSTEM PERFORMANCE VERIFICATION - Procedure I	MIN SCO RE	VERTICAL VIEW		HORIZONTAL VIEW	
		ACCEPT	DECLINE	ACCEPT	DECLINE
Test 1 - Wire Resolution	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test 2 - Useful Penetration	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test 3 - Spatial Resolution	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test 4 - Simple Penetration	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test 5 - Thin Organic Imaging	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test 6 - IQI Sensitivity Test	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test 7 - Organic / Inorganic Differentiation	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test 8 - Organic Differentiation	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test 9a - Useful Organic Differentiation	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test 9b - Useful Organic Differentiation	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test 9c - Useful Organic Differentiation	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verify that the AT system meets or exceeds the minimum levels of performance as specified in ASTM standard F792-01.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		ACCEPT		DECLINE	
Verify during ASTM Testing that Image Processing Keys are present and function.		<input checked="" type="checkbox"/>		<input type="checkbox"/>	

Exceptions, Explanation or Comment: ³ Extra Tables


 Repiscan Authorized Signature

3/5/09
 Date


 Representative

3-5-09
 Date

RADIATION SURVEY APPENDIX B

Department of Transportation Federal Aviation Administration			X-RAY SYSTEM RADIATION LEAKAGE REPORT (BAGGAGE INSPECTION) (Require by 14 CFR 108.17, 14 CFR			FIELD TEST SERIAL NO.			Form Approved OMB No. 2120-0098			
1.1 Name and		Name of Facility (10.80) FT Lauderdale INTL			FDA Region			St. No. R.R. or Airline/Airport (10.80) 180 Terminal Dr				
Address of Facility		City (10.73) FT Lauderdale			State Code FL			Zip Code				
and Specific Location of X-Ray System		Room No. or Other Location of System (10.32) Term 1 Ckpt B Lane 1			Person Interview (33-54) [REDACTED]			Telephone No.				
		Certification Label Present			Instrument(s) (type and serial number) Model: 450P			Serial No. 6383				
1.2 Manufacture And Product ID		A. Manufacture (Responsible Firm) RapiScan Systems			B. Mfr. Code			C. System Model No. and/or Name 6200V				
01		D. Unique ID.			E. System Serial No. 7090309			F. Date of Manufacture Mo. 1 Yr. 2009			1.4 Operator Instructions Available Y	
		1.5 Maintenance Schedule Available Y			2.0 Warning Labels			2.1 Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" Y			2.2 Two Indicators Labeled "X-Ray On" Present at Controls (One May Be Labeled "mA Meter") Y	
Indicators		2.4 At Least One Indicator, X-Ray Marked "X-Ray On", Visible from Each Port, Door, And Access Panel Y			3.0 Interlocks			3.1 "Captured Key" Control Y				
02		3.2 Door Safety Interlocks			A. Minimum Number of Interlocks Visible At Any One Door Y			3.3 Prevention of X-Radiation By Interlocks Y			A. All Doors and Access Panels That Were Tested Prevent Generation of X-Radiation Y	
		B. At Least One Interlock Dependent on No Moving Part Except Door Y			B. Use of X-Ray Control Necessary to Resume Operation Following Interruption Y							
		4.0 Ports and/or Apertures			4.1 Some Part of the Body Can Be Inserted Through a Port Into The Primary Beam N/A			4.2 Some Part of the Body Can Be Inserted Into the Aperture N/A				
		6.0 Baggage Inspection Systems			6.1 Means Provided to Ensure Operator Presence at the Control Area Y			6.2 Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing Y				
03		7.0 Leakage Radiation			Specific Test Procedure Used 94			7.1 Scatter Block Description Tool Case				
05		7.2 Technical Factors			160 kVp			1.007 mA				
		7.3 Location Exposure Levels			Non-Continuously Activated Systems Only Number of Exposures Initiated			Location Exposure Levels			Non-Continuously Activated Systems Only Number of Exposures Initiated	
		.044 mR/hr			input exp			.010 mR/hr			Bot exp	
		.038 mR/hr			output exp			.008 mR/hr			Top exp	
		.020 mR/hr			Left exp			mR/hr			exp	
		016 mR/hr			Right exp			mR/hr			exp	
07		Reasonable Number of Exposures That May Be Initiated in One Hour			OR			Duty Cycle of System Indicated As a Percentage of One Hour			100%	
08		8.0 Additional Information			8.1			MAIN BEAM 320				
09		8.2										
10		8.3										
Remarks:												

RADIATION SURVEY POSITIONS DIAGRAM APPENDIX F

Tunnel Input End

44 1A	48 1B	48 1C
50 2A	50 2B	50 2C
32 3A	40 3B	42 3C
CONVEYOR		

Tunnel Output End

24 4A	25 4B	29 4C
31 5A	33 5B	19 5C
23 6A	30 6B	40 6C
CONVEYOR		

12 7A	13 7B	8 7C
14 8A	27 8B	19 8C
14 9A	23 9B	20 9C
9 10A	9 10B	

Left Hand Side

13 11A	22 11B	11 11C
12 12A	11 12B	7 12C
13 13A	18 13B	9 13C
8 14A	11 14B	

Right Hand Side

Extended Hood Window

10 15A	10 15B	15 15C
11 16A	13 16B	18 16C
11 17A	15 17B	15 17C